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ADDRESS*

By Professor E. K. Broadus, Alberta University

I believe it is the custom, in addressing a graduating class, to talk about the great responsibilities of life and to moralize at considerable length about them. I am not very good at moralizing, and I am sure that you get preached to enough on at least 52 days of the year, and as this is a week day and my vacation time, I know you will excuse me from a sermon.

I confess, indeed, that I have been somewhat at a loss to know what to say to you to-night. I am accustomed to college graduating classes in which a group of boys and girls, after preparing for four years, for they know not exactly what, have what is properly called a commencement: they are ready to commence the actual experience and business of life. But you are different. You are not theorists; you are, or have been (I like the old word), probationers. You have proved and been proved. You have learned by doing, and the lesson which you have learned—which you have made it your whole business to learn—is a lesson which, in the ordinary experience of life, comes not at the beginning but at the end. "Truly the light is sweet" wrote the preacher in his old age, "and a pleasant thing it is for the eyes to behold the sun." "But, if a man live many years and rejoice in them all, yet let him remember the days of darkness, for they shall be many." That lesson, which it is so hard for the young to believe, that we shall not behold the sun forever, that darkness and disease and suffering and death come to us all; that lesson which old age continually reiterates and youth forever ignores, you have made it your business to learn. Your business is with those who have ceased to behold the pleasant sun, and who have learned, sometimes all too prematurely, the lesson of darkness.

And so I say, I hardly know what to say to you, for in your youth you have already borrowed of old age the lesson of sorrow. And yet, perhaps out of that very thought I may be permitted to draw a suggestion.

It is your business to deal with human suffering. How shall you

*To 1915 class of Misericordia Hospital, Edmonton, Alta.

deal with it? In a sense your task is harder than the doctor's. He commands, you execute. It is sometimes harder to execute than to command. Of the doctor is required exact and scientific knowledge, a cold and clear intelligence and a steady and dexterous hand. The doctor comes, analyzes, prescribes, and is gone. But you remain in hourly contact with the patient. You remain and carry out the doctor's directions. But if you do no more than that, you are a poor nurse, a mere machine, even though you may have the credit of being an exact one. If you are a good nurse you can do more than care for and dose the patient. You can sympathise, sustain, reinvigorate. You can be—you ought to be—a better tonic than anything the doctor can prescribe. This is not a question of training; it is a question of personality, and personality is made up of two qualities—Sympathy, and what we call for lack of a better word, Magnetism.

Perhaps you will say that it is useless to talk about personality; that one is either blessed with it or not, and there's an end. But you are mistaken. It is only a question of whether you are endowed with a will or not. If you have that, you can, and you must, develop your personality for yourself.

And that is indeed the point of what I have to say to you. There is no other profession in which a personality counts for so much. How can you develop it?

I have said that a personality consists primarily of two qualities—sympathy and magnetism. This is just another way of saying that there are two sides to personality, a passive and an active side, what you can be to the patient and what you can give to the patient.

And first a word as to sympathy. Sympathy is not sentimentality. It is not gush, it is not mere prattling talkativeness. There are certain external aspects of it worth noting—a quiet manner, a quiet and well modulated voice and a certain quality of definiteness and confidence. Of these I think the voice is the most important. If I were a patient in a hospital, and a nurse told me in a voice that grated like a buzz-saw that she was sorry for me, I would willingly exchange her for a nurse who told me in a quiet and well modulated voice to go to the deuce. And a good voice is not a mere matter of endowment. It can be cultivated. Listen to your own voice. Develop your ear. Ask yourself continually how your voice sounds. Get your colleagues to criticise it. Bring it down in your chest. If you find yourself talking through your nose, do penance for it. Sit for ten minutes in a hard chair with a clothespin on your nose and say "chest" 57 times. You think I am joking, but I am not. It is really a most excellent and salutary penance.

But your voice and manner are the mere externals of sympathy.

Professions of sympathy prevail nothing, if they do not spring from true feeling. And here I think lies the great danger ahead of you. Those who see human agony only rarely are moved by the strangeness of it. Their hearts are fresh. But those who see it all the time are in danger of growing callous of it. I was reading only the other day that there is talk at the front of having the nurses relieved and sent back after brief intervals because they grow hard and indifferent. A nurse sees too much suffering—even a nurse at home. There is danger in classifying humanity into cases—danger of forgetting that every human being is unlike every other human being. Diseases are classifiable, and the nurse is in danger of thinking that any given human being is, for her purposes, a disease. But after all it is a human soul you are taking care of—not a pathological specimen. You will never be a good nurse if you forget that.

And this brings me to the constructive side of what I have to say. I said at the beginning that the two sides of personality, the negative and positive, the kinetic and dynamic, sides are sympathy and magnetism. And both these spring from the same quality—the quality of comprehension, of understanding. You cannot sympathize unless you comprehend; and you cannot arouse and interest and stimulate the patient unless you have something in yourself to give out to him—some wealth in store. Now a nurse who is no more than a nurse is a poor nurse. You may be safe, trustworthy, accurate, sleepless, but you will still be a poor nurse. This is a hard saying, I admit, but I know that it is a true one. Unless you have a vivid comprehension that that shattered something lying on the bed there is still a human being and not merely a case; and unless you have something in your head besides rules, some stored up wealth to give out to the patient—you will still be a poor nurse.

How are those things to be attained? Certainly they are not to be come by in a moment, nor by mere passive wishing that you had them. There is only one way—and that is by being something more than a nurse—by living some other life in addition to the rules and formulae of drugs and operations. Now there are professions in which it is possible to command a certain amount of one's time; to go off and do something absolutely different from one's vocation, and then to come back to that profession freshened and vitalized. But a nurse cannot so command her time. She must be ready at any time for work in the hospital or to respond to a call in a private case. But there is one thing she can do. Her days will always have periods of leisure—periods when she is waiting for her daily task, or periods when she is merely sitting and watching beside an inert or sleeping patient. There is a world always open to her in which she may get out of herself, in which she may study human nature, in which she

may gain that experience which will give her comprehension, and in which she may store up that wealth which will enrich her personality. And that way, that golden way, is by reading.

And by this I do not mean that vast mass of cheap romantic fiction which will give you a distorted or false conception of life, though even a little of that, when you proportion it sensibly to better things, will do no harm. What I mean is a very different sort of reading. There are two kinds of books which all of you should read. Two kinds, and only a few of each kind, and those read and reread until you have made them your own, assimilated them, made them a part of you. And of those two kinds, the first is books which touch your own professional life at as many points as possible—books which contain personalities, great doctors, great nurses, real men and women whose lives have been devoted to the art of healing and whose lives your own training best fits you to comprehend—the life of Florence Nightingale, R. L. Stevenson's story of Father Damien, the life of Dr. John Brown who wrote the wonderful little story of Rab and his friends, George Eliot's "Middlemarch," which contains in the character of Dr. Lydgate the most wonderful study of the spiritual problems of the medical profession that was ever written. Or again, books in which the life, not of the doctor or of the nurse, but of the patient, has been set forth.

I am going to take the liberty of reading you a few passages from one of these books—a book of poems by a true poet, written about 40 years ago when the author was a patient in an Edinburgh hospital. If you will make allowances for the difference of conditions in hospital life then and now I think that it will help you to realize how lonely and wretched sickness in a hospital can be. It will help you to see through the patient's eyes, and help you to realize that a patient is not merely a case but a human being. After all there is no loneliness comparable to loneliness in a hospital. A hospital is so very far from being a home. Perhaps one of the noblest things you can do is to make it seem like one. And first let us get a glimpse of the poet through the eyes of one who was himself also destined to become famous later on. It is R. L. Stevenson writing in Edinburgh in the year 1875.

"Yesterday, Leslie Stephen, who was down here to lecture, called on me and took me up to see a poor fellow, a poet who writes for him, and who has been eighteen months in our infirmary, and may be, for all I know, eighteen months more. It was very sad to see him there, in a little room with two beds, and a couple of sick children in the other bed. Stephen and I sat on a couple of chairs, and the poor fellow sat up in his bed with his hair and beard all tangled, and talked as cheerfully as if he had been in a king's palace, or the great

king's palace of the blue air. He has taught himself two languages since he has been lying there."

(Here the speaker read a series of selections from W. E. Henley's poems entitled "In Hospital.")

But I said a while ago that there are two kinds of books which I would have you read. We have talked over one kind—the kind which touches your experience at many points and which will enlarge and deepen it. And now just a word in closing about the other kind. In addition to reading thoughtfully and frequently a few books, which are as much as possible like your own experience, I should, if I were you, read with equal care and frequency a few books which are most unlike. The first kind will deepen your life; the second kind will broaden it. It is good to know through books men and women who have done greatly and nobly what you can do. It is equally good to know through books men and women who can do what you cannot do—Boswell's "Life of Johnson," with its intimate picture of a great rough-hewn, vigorous personality; Stevenson's Letters, with their infinite grace and zest for life undaunted by disease; Lockhart's "Life of Scott," that minute record of the finest and most gracious of English gentlemen.

And now I have said enough, perhaps more than enough, and I find that I have preached a sort of sermon after all. Well, so be it. And I believe that I cannot close better than by quoting to you some very noble words by a great preacher, Phillips Brooks, on this subject of the reading of books about great men:

"But finally, may we not say that the supreme blessing of biography is that it is always bathing the special in the universal, and so renewing its vitality and freshness? Our little habits grow so hard. We get so set in our small ways of doing things. We become creatures of this moment of time on which we happen to have fallen. The power of dull fashion and routine takes possession, not merely of the way we dress and talk, but of the way we think. Our schools have their cheap little standards and our colleges have theirs, and every duty makes more of the way in which it is done than of the divine meaning and motive of doing it at all: all gets to seem parched and hardened like a midsummer plain—and then you take up your great biography, and as you read, is it not as if the fountains were flung open and the great river came pouring down over the arid desert? The local standard, the mere arbitrary fashion of the moment, disappears in the great richness of human life; the part bathes itself in the whole; the morbid becomes healthy; the peculiar is freed from any haunting affectation, and becomes simply that individual expression of the universal, which every true man must be.

"Do we say that all this may come through large association

with our living fellow-men without reading about the dead? Much of it may, no doubt, come so. But in some respects the great dead, whose faces look out on us through their biographies, have always the advantage; they are the best of their kind, the most picturesque illustrations of the character they bear; their lives upon the earth are finished and complete. They will not change some day and throw into confusion the lessons we have learned from them; and since they belong to many lands and many times, they bring us a sense of universal human life which cannot come to us from the most active contact with living men, who, after all, must represent very much the same conditions to which we ourselves belong."

SERVICE IN WAR TIME

Following the outbreak of the war, the Academy of Medicine, Toronto, discussed the question of free medical attention to the needy dependents of soldiers on active service, with the result that the Patriotic Fund Medical Bureau was organized in September, 1914. Owing to the fact that only about one-half the doctors of Toronto are members of the Academy, a letter was sent to every physician in the city—awaiting his signature—signifying his willingness to serve his country in this way. In reply two hundred offered their services, while many more living in the poorer, congested districts, agreed to attend their own patients free of charge. The question then naturally arose, who would meet the expense of the medicine ordered by the physicians? In consequence, sixty-five druggists agreed to fill prescriptions ordered by the doctors, not at cost, but absolutely free.

A subsequent letter to all dependents on the Patriotic Fund advised them, in cases of illness, to consult their family physician. If, however, he had not signified his willingness to attend gratuitously, and in cases where no physicians had previously attended, the patients might avail themselves of the generous offers of free services before mentioned by communicating with the Medical Bureau, which is in the charge of a nurse of the Department of Public Health.

If the patients are able they are sent to the office of the nearest physician; if too ill to leave their home, the physician is asked to visit. Whenever possible, all patients are referred to suitable clinics, thus relieving the physicians of a considerable number of cases.

It might be well to note that all cases of sickness from among the 4,000 families at present dependent on the Patriotic Fund are not indiscriminately meted out to the generous physicians and surgeons who have undertaken the work. Every case reported by the patients or their friends is first investigated by the Public Health Nurses and

the need verified. In this way the patient's symptoms may be reported to the physician to whom the case is referred, and the urgency of the case attested. He is also given the name of the nearest druggist, to whom he may refer the patient with the prescriptions, if such are ordered.

From the messages sent or telephoned to the bureau by excited landladies and hysterical relatives one would invariably judge the cases to be most urgent, while investigation frequently reveals no cause whatever for alarm.

If the treatment is such that supervision only is necessary, the Public Health Nurse continues to visit. If bedside nursing is required, the case is referred to the Victorian Order or St. Elizabeth Visiting Nurses.

Where there is apparently no friend or relative capable and willing to attend to the duties of the home, the Fund supplies a housekeeper at $5.00 a week, who is under the supervision of the visiting nurse. This plan has proven most satisfactory in many of the 500 obstetrical cases now on record

During the last few months the cases often number 30 to 35 a day. Many are sent for admission to hospitals, where maintenance is paid by the Fund, and in cases of death, funeral expenses are defrayed.

A history of every case is kept and detailed weekly and monthly reports forwarded to the Academy of Medicine, that the doctors may see the amount of work being done. The last summary report shows over 1,000 cases of sickness now on record.

The Public Health Nurses average 700 visits a month to these cases, while the visits to and from physicians amount to about 200 monthly Sixty-eight cases have been attended by the Victorian Order and St. Elizabeth Nurses, while twenty-four housekeepers have been employed, generally for a period of two weeks each.

A large number of obstetrical cases are, unfortunately, out of the city limits, some several miles out. Where, as in many cases, there is a large family, and a housekeeper is required as well as a nurse, the patients have made their own arrangements with nurses and friends in the vicinity in which they live, and the expense has been met by the Fund. These cases have numbered forty-eight in the year the Medical Bureau has been operating.

If the work continues to increase as it has done a much larger staff will be required to handle it, and as it grows, the time and services our generous physicians are giving to this patriotic work must necessarily increase also. Surely they are serving their country as nobly as our brave soldiers in the trenches.

ENID M. FORSYTHE,
Secretary Patriotic Fund, Medical Bureau.

INDUSTRIAL SCHOLARSHIPS

By Miss B. E. Ammerman

One of the problems which most frequently perplexes workers in family welfare, particularly in cities, is that of the child who is forced into wage earning at the earliest possible moment—the boys and girls of fourteen, who, mature neither in body nor mind, must leave the normal environment and occupations of childhood and begin the dull grind of daily labor. Experience has shown all too conclusively that bringing little physical or mental equipment to industry, they get little or none out of it, in fact "from him that hath not shall be taken even that he hath." A study made a couple of years ago showed that of 1,000 boys and girls starting work at 14, the great majority held from six to twenty jobs during the first two years, were earning no more at the end of that time than at the beginning, had actually lost ground in the habits of application and attention, were less dependable, and more prone to loafing and money wasting; in a word, were distinctly worse off from the point of wage earning than at the beginning of their experience.

Vocational training in the public schools is believed by many to be the remedy for such a state of affairs, but there are others who do not feel that we are justified in omitting any of the elementary work now given to children under 14 to substitute specific training for definite industries. It will take many years to readjust our educational systems, even if that is deemed advisable. Meanwhile a temporary expedient is being tried with considerable success in several communities, by city departments, settlements, or by private individuals.

The conditions to be met are two. (1) The family needs the wage—small as it may be. (2) The child is not prepared for industry. The plan meets these two conditions, first, by paying the family the equivalent of the child's wage; and secondly, by giving the child such training that he will be able to do some particular kind of work well enough to lift him out of the class of casual employes and place him in line for further advancement.

An individual case will demonstrate the operation of the plan.

Martha B. was the eldest of a family of six. The father, a casual laborer, earned on an average $9.00 a week. No one could deny that when Martha reached the age of fourteen she must begin to contribute to the family funds. A girl of average ability in school, she might have secured work in a factory at $3.00 a week or minding a baby at $1.00 a week; but, as such cases go, it is not likely that she would have done either for long. There would have followed a period of idleness, another job, and so on.

The Scholarship Fund in this case sent its visitor to see the B.

family and arranged that Martha was to remain in school till she finished the term, and then take a one-year course in dressmaking at a Free Trade School, for which she would then be prepared. During this time the family would receive $3.00 a week, so long as Martha's reports of work were satisfactory. At the end of the year Martha had worked faithfully, learned habits of neatness, and qualified as a dressmaker's helper; she was placed at $5.50 a week, was raised in a year to $6.50, and later to $10.00. The cost to the fund was only that of the subsidy to the family, $210, and a girl was saved from a "blind-alley" experience of the unskilled casual employe.

The operation of such a fund needs careful supervision, first, in choosing the type of training for the child—and in some cases more than one must be tried before the right one is found; second, the family must be made to feel the child is really earning the money by his faithful performance of school duties. This awakens the sense of responsibility in the child himself and secures the co-operation of the family in allowing proper time and freedom for home work.

It is also possible to advise the family in the kind of diet most economical and suited to keep the child in working condition. It is absolutely essential that the payment of the subsidy shall be conditional on the efforts of the child, and of the family.

A study of 50 children after two years of the scholarship plan showed most gratifying results. Only two had not responded to the efforts at their better equipment; the great majority were placed in permanent positions with a weekly wage of from $5.00 to $8.00 and habits of industry well established. Further reports tell of advancement and still better wages, and in many cases efforts to give the younger members of the family such specific training as made their own success possible.

Funds for this sort of work may be raised in large amounts for systematic use and supervision, or by an individual for an individual case which the worker himself will supervise. Most of our large cities have free schools where trade instruction can be obtained, and in other places an informal apprenticeship may often be arranged, so that the amount asked for need not exceed the small sum paid weekly to the family. Many business men not interested in other forms of philanthropy will maintain such a scholarship because it is so evidently a good business measure. Sooner or later the community always has to pay for the inefficiency of its workers.

I shall pass through this world but once. Any good thing that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer it or neglect it, for I shall not pass this way again.—Wm. Penn.

GLEANINGS

The following extracts from the Canadian Red Cross Society Bulletin for August will be of interest:

"Colonel Rudolf, during his recent visit to Canada, visited the headquarters of the Society at 77 King Street East, and expressed his warm appreciation of the supplies sent by the Canadian Red Cross"

"Any branch which thinks of adopting the monthly subscription plan, as has done the Berlin branch of the Canadian Red Cross Society, should apply to Mr. W. E. Butler, secretary-treasurer, Canadian Red Cross Society, Berlin, Ontario, for a sample card. This experiment was, we believe first tried by the parish of St. Aidan's, Balmy Beach, Toronto, and has proved highly successful as a method of interesting the men in the work of the Red Cross."

"There are now two large convalescent centres, one at Bromley, in Kent, and the other at Monks Horton. The former place is a large hydropathic institution which was placed at the disposal of Surgeon-General Jones, through the generosity of a Canadian, and in the building and on the grounds in tents nearly three hundred patients are provided for, while at Monks Horton there is springing up a canvas village where there is accommodation for nearly five hundred. At both these institutions the men are under military discipline, and the staff is drawn from the C.A.M.C."

It has recently been arranged between the St. John Ambulance Association and the St. John Ambulance Brigade that the selection of all nurses and male orderlies for service abroad shall be made by the Brigade and not by the Association as formerly announced.

Any trained nurse, therefore, who wishes to offer her services, should write to Dr. C. J. Copp, honorary secretary of the St. John Ambulance Brigade, 554a Yonge Street, Toronto.

By the existing arrangements the Red Cross Society undertakes to raise the funds necessary to pay the salaries of all nurses asked for from England, while the Brigade undertakes the arrangements for selecting, equipping and transportation.

June 19th.—This office was notified by Miss Swift, Matron-in-Chief, British Red Cross Society, that Miss Weatherup and Miss Mallet were leaving for Alexandria on the 19th to take up duty at the Red Cross Hospital, Geizrah Palace, Cairo, with two of the British Red Cross staff.

June 26th.—During the week the War Office has again taken over 17 of the nurses who came in the last detachment and these ladies will be sent to Malta. The names are as follows:

Miss Milne-Smith, Miss Maude Bowman, Miss S. A. Paquette, Miss McInnes, Miss Seaman, Miss Wilkinson, Miss Perry, Miss Handley, Miss Tuckett, Miss H. M. Smith, Miss Monk, Miss J. M. Smith, Miss Dale, Miss Lord, Miss Papst, Miss Oakley, Miss Cornell.

This is at the expense of the War Office, as their services are urgently required at that place. Thus in all 38 nurses will have gone to Malta.

The following nurses are stationed as mentioned:

Brigade Hospital, France: Miss Lucy Wilson.

Red Cross Hospital, Cairo: Miss Mallet, Miss Weatherup, Miss Stuart, Miss Brown.

Dunsdale Hospital, Westerham, Kent: Miss Mann, Mrs. Rothwell.

Bidboro Court, Tunbridge Wells: Miss Gladys Dixon, Miss Price.

The Nurses' Rest Home is serving a most useful purpose and is greatly appreciated by the Sisters who have been in residence. The report for the month of June is as follows:

Every room in the Rest Home is now occupied, and there is only one vacant bed (in a double room), which is expected to be taken when Sister Hayhurst is well enough to leave the Nursing Home, where she has been since June 17th. Four of the Sisters now in the Home have come over from France; one is from Toronto General Hospital Unit, and one is from Miss McDonald's office in London.

On every side the very deepest appreciation is heard from Sisters and their friends of the comforts and benefits of the Home where they are able to recuperate before taking up once more the well-beloved work of nursing, which illness compelled them to abandon.

The Canadian soldiers from the public wards of the Second London General Hospital are regularly entertained.

The Matron wishes to acknowledge especially the gift of a quantity of home-canned Canadian fruit and two gallons of maple syrup received in time for the Dominion Day fete.

The following donations have been received from Sisters who have used the Home:

Miss Boulter, $35; Miss Manchester, $5; Miss Nesbitt, $5.

Miss Beatrice Kent, who was a delegate from London, England, to the conference at San Francisco, gives some interesting "echoes" in a letter in *The British Journal of Nursing*. She says:

"In listening—as it has been my privilege to do—to so many ad-

mirable papers read at the convention of the American Nurses' Association, I have been particularly impressed by the fact that the keynote struck by all the speakers was the essential value of education. I have alluded to this before, but I wish to emphasize it because in this fact we find the reason—outstanding and clear—of the rapid progress which is being made by the American nurses and their profound sense of their responsibility as servants of the sick. By the courtesy of the American Nurses' Association I am able to make quotations from a paper read by its retiring president, Miss Genevieve Cooke, who presided at a meeting of the members on the evening of June 21, which definitely proves my statement:

"The nurse of to-day is educated by widely different methods, and to meet widely different demands from those of yesterday, and to lay a wise and adequate foundation to efficiently equip the nurse of to-morrow is one of the serious problems which concern our teaching body, and our far-seeing and sympathetic associates and medical officers. We may indeed be thankful that in the education of the present-day nurse, a wider interpretation of this simple title prevails, and whether the demand for service to-day calls her to the private home or to the hospital, or to serve in time of general calamity, such as earthquake, fire, flood, or to succour the wounded on cruel battle fields, the ministrations of the true nurse may be anticipated not only with a confidence that she possesses technical skill, and the experience which makes her the chief assistant to the great surgeon, but also with trust and belief that in her experience in the school of Life she has come into possession of that knowledge and sympathetic understanding of souls in distress, which fits her to be the chief assistant to the Great Physician. We must all in time come to recognize the truth of the statement that the development of a soul is not a peaceful process like the growth of a plant. The realization of a Divine purpose within ourselves, we are told, is not in obedience to a tranquil necessity. For ever there is conflict between high ideals and low standards, a wrestling with the principles of evil, hand to hand; foot to foot, every inch of the way must be disputed. It is thus in our struggle for lifting the nursing profession to higher efficiency."

By the courtesy also of Miss Goodrich, Assistant Professor in the Department of Nursing and Health, Teacher's College, Columbia University, New York, I am also enabled to quote from her "response" to the most charming address of welcome given by Mrs. Frederick Sanborn, President Woman's Board of the Panama-Pacific International Exposition, on the same evening:

"It was, as you know, our purpose to hold at this time not only a National but an International Congress. We rejoiced that the Third Triennial Congress should have fallen upon this year, and that we too

should have gathered together from many nations those deeply concerned in the upbuilding of our profession throughout the world. Alas! the great tragedy that is being enacted on the other side has made such a congress impossible. At the opening exercises of Columbia University last year, President Butler said, with both bitterness and sorrow: 'The great scholars that were to have been with us this winter will not be here; they are on the other side killing and being killed.' This, thank God, we do not have to say, but rather can we say, those who were to have been with us this year, not only from other nations, but out of our own, giving us of their wisdom and their experience, and stimulating us by their presence, regardless of nationality, are binding the wounds of the injured and fighting pestilence and famine, are giving of their time, strength and even of their money, to repair in such measure as they can the terrible devastation that that appalling remnant of barbarism, legalized manslaughter, has precipitated in such an overwhelming degree. Inspired as we should have been by their presence, their absence is still more inspiring. Never were we so internationally united, for across the great distance that separates us comes their silent testimony to the place that has been assigned to our profession in the service of humanity. Again our attention is called to the fact that our calling knows neither day nor night, neither creed, sex, color, nor nation, war nor peace, and again is emphasized the fact that a service so weighted with opportunity and responsibility cannot be fitly rendered to humanity except all avenues whereby a thorough and comprehensive technical and theoretical preparation are opened to those seeking to prepare themselves for this service. . . . We face the future full of hope and courage, and again bend our energies to leave a sound educational foundation for the future generation of nurses, whose services will never be more greatly needed than in the years which will follow this great war. We believe that the State and even the Nation should assume some responsibility in the preparation of this servant, whose services are of such wide value; and if a healthy nation is her greatest resource, she would be justified in placing at the disposal of any student of nursing the broadest educational opportunity, and we shall not rest until the institution of learning as well as the institution for the sick has opened its doors to our members, and until is required of every nurse a definite evidence through a licensing examination that she is equipped with the thorough scientific preparation through which only she can render her complete service."

The Second International Conference on Race Betterment, held in San Francisco, California, August 4-8, was attended by a large number of men and women of scientific achievement The conference discussed

race decadence, the possibilities of race improvement, and the agencies of race betterment.

Luther Burbank, the plant wizard, discussed "Evolution and Variation with the Fundamental Significance of Sex." Mr. Burbank said: "Abundant, well-balanced nourishment and thorough culture of plants or animals will always produce good results in holding any species or variety up to its best hereditary possibilities, beyond which it cannot carry them, and lacking which, maximum development can never be realized. But a sharp line must always be drawn between the transient results, temporarily attained through favorable environment and the permanent results of selection of the best individuals for continuing the race. Only by constant selection of the best can any race ever be improved."

Paul B. Popenoe, editor of the American Journal of Heredity, in discussing "The Natural Selection of Man," declared: "There are only two ways to improve the germinal character of the race, to better it in a fundamental and enduring manner. One is to kill off the weaklings born in each generation. That is Nature's way, the old method of natural selection which we are all agreed must be supplanted. When we abandon that we have but one conceivable alternative, and that is to adopt some means by which fewer weaklings will be born in each generation. The only hope for permanent race betterment under social control is to substitute a selective birth rate for Nature's death rate. That means eugenics."

Dr. J. H. Kellogg, Superintendent of the Battle Creek Sanitarium, proposed that the conference institute a eugenics register which would undertake to register two classes of persons: "First, those who, on examination in relation to personal characteristics and family pedigree, are found to measure up to eugenic standards. Second, the children born of parents whose pedigree and physical characteristics conform to the required standards. Such a registry would be the beginning of a new and glorified human race, which, some time, far down in the future, will have so mastered the forces of nature that disease and degeneracy will have been eliminated. Hospitals and prisons will be no longer needed, and the golden age will have been restored as the crowning result of human achievement and obedience to biologic law."

Among the other speakers were: Dr. David Starr Jordan, of the Leland Stanford University; Dr. Ernest B. Hoag, of the Los Angeles Juvenile Court; Edgar L. Hewett, Director of the United States Bureau of Ethnology; Prof. Irving Fisher, of Yale University; and many others of equal prominence in sociological and scientific circles.

The conference was concluded with a Morality Masque, in which two hundred students of the University of California took part. This masque was a dramatic arraignment of disease and war.

Those who have occasion to lift bed patients from bed to couch or another bed will, I think, find this band useful.

Take two yards of strong cotton cloth 36 to 42 inches wide. Fold lengthwise so there will be three thicknesses, stitch long edges, fold ends over about seven inches, and stitch firmly, making a loop to slip the hand through.

To lift, pass the band under the patient's buttocks, place one arm under the shoulders, slip the other hand into one of the loops of the band. The person assisting takes the other loop and the patient's legs. This makes an easy lift for the patient and for those doing the lifting.—*The Trained Nurse.*

Iodine, as employed by Dr. A. H. Thomas in the treatment of diphtheria, is applied in the form of ointment, containing 5 per cent. of free iodine. Three cotton-wool mops are used in this method, two to remove the secretions and false membrane and to dry the affected surface; the third, after smearing it with the ointment, is thoroughly rubbed over the inflamed tissue and surrounding areas. These applications are repeated every three hours, or, in severe cases, every two hours, until improvement occurs.

Dr. Thomas has had excellent results with cases so treated.—*The British Journal of Nursing.*

The question of clothes is one in which almost every normal human being takes a more or less active interest. It is, of course, a recognized fact that they exercise a very decided influence for good or for evil upon the average mind; and that a man, for instance, who goes about for days unshaven in a suit of pyjamas is hardly likely to be at his best either mentally or physically. Mrs. Scharlieb, whose excellent article on the morals of the young has appeared in the March number of "The Child," comments upon the bracing effect of neat and suitable clothing upon the character of the growing boy or girl. "Looked at from one point of view," she remarks, "clothes merely serve to defend the body from heat and cold, and to afford that adequate covering demanded by one phase of civilization. Looked at from a slightly different point of view, clean, suitable, and pretty clothes are a real help to morality, whereas dirty, untidy, and ragged clothes, by lowering self-respect, constitute a real hindrance." Another writer in the same number of "The Child"—Miss Alice M. Burn—goes a step further and declares bad clothing to be at the root of the defective physique which is unhappily only too common amongst the children in our

elementary schools. "I know of no other condition," she says, "not even excepting bad housing and bad feeding, which, taken alone, is responsible for so much impaired vitality, and consequent low standard of physique. I would carry my statement even further: All other conditions remaining unchanged, rationally clothe a child from infancy and bring it under the influence of physical movements, even such as our elementary schools provide, and better racial results will be obtained than by the correction of any other one deteriorating influence.—*The British Medical Journal.*

THE SITTING POSITION IN PNEUMONIA

The *British Medical Journal*, quoting from a foreign exchange, says that Mlle. E. Cottin has made an extensive study of the results of allowing pneumonic patients to leave their bed for part of the day. She tells how this plan came to be adopted by Dr. C. Widmer. He was surprised to find that in eight severely delirious patients of his who left their beds the delirium disappeared, fever diminished, and there was rapid disappearance of the pneumonic symptoms; none of these patients died. Later, he treated fifty cases by this method, and advised early resort to it: he found that the patients realized the benefit of sitting on a sofa or taking a short walk in the room; they felt they were free from the notion of being ill, and their pain was relieved. A period of four hours' sitting daily was found sufficient; temperature fell from ½ deg. to 2 deg., the frequency of respiratory and cardiac movements diminished, blood pressure increased, and a feeling of euphoria was experienced. Mlle. Cottin has treated a large number of cases thus.—She selects for description twenty of the gravest cases, ranging in age from twenty to eighty. Some were allowed to get up on the day after their entry into hospital; others a few days later. As a rule, the hours from 2 till 6 p.m. were selected, owing to their convenience. The patients, clothed in a dressing-gown and a covering for the legs, were helped by a nurse on to an armchair close to the bed. On being comfortably settled, they were encouraged to give their impressions of the change of posture, and especially to give warning when they wished to return to bed. Only one asked this after two hours' sitting. He said he "did not feel bad, but he had had enough." The others would gladly have remained seated beyond 6 p.m. had it been possible. No one made any complaint; all wished to renew the experiment on the following days; some even swore when bedtime came, especially one patient, who felt a stitch in his side only when recumbent. Asked what they thought of the sitting treatment, they said they breathed much more easily, expectoration was more abundant and less painful, sweating ceased, and they enjoyed a pleasant euphoria; they also appreciated the relief

from the incessant need to arrange their pillows comfortably. Objectively, Mlle. Cottin noted that cyanosis became much less intense, respiration slower and deeper, pulse fuller and often slowed by 10 to 20 beats a minute. In a fat, delirious, alcoholic pneumonic, aged fifty-five, it was found that his pulse, which was very irregular during recumbency, became perfectly regular every time he was seated. The same thing was seen in a case of double pneumonia, where the patient's cardiac state was so grave that the physician hesitated momentarily as to the wisdom of trying the treatment. Usually the temperature fell from some tenths of a degree to 1½ degrees, and it was lower in the evening after sitting than in the morning during recumbency in bed. In no case was any cardiac faintness or weakness induced by sitting.

The authoress thinks that sitting for part of the day should be adopted more often in pneumonia than it has hitherto been, and even in other acute respiratory affections, but she would not try it in all pneumonies. The earlier it is tried the better, and she specially urges its use in those who are dyspnoeic, congested, and arrhythmic, and in those whose hearts are nearest to exhaustion, for she finds that cases of cardiac insufficiencies gain more relief by it than any other cases. The benefit she attributes partly to derivation of the blood to the lower limbs and partly to increase of diaphragmatic breathing. In support of this belief, she found that after sitting for two hours there was an increase of ½ cm. in the thigh and calf of one patient, and in another patient, while sitting in bed with the legs extended, there was on the sound side a pulmonary expansion of 1½ cm., whereas with the legs hanging over the edge of the bed it rose to 3½ cm. (It seems probable that the mere hanging of the legs out of bed might well be tried in cases which sitting up out of bed appeared inadvisable). The results obtained were as good in women as in men, but it was found that pneumonias of the upper lobe were less influenced in their evolution than those of the lower lobe.—*The British Journal of Nursing.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

A special meeting of this Association was held on September 10, 1915, in the Lecture Room of the Toronto General Hospital, for the purpose of deciding upon the eligibility clause of the by-laws, and to arrange a curriculum which might guide the Directors in passing upon the eligibility of candidates for membership in the Association.

The eligibility clause as now adopted is:

"That nurses graduating from a Training School in connection with a Hospital with a daily average of twenty-five occupied beds, and giving its pupils not less than a two years' training in General Nursing, or giving an equivalent training in one or more hospitals,

and whose curriculum has been approved by the Board of Directors of the Association shall be eligible for membership."

And the following is the "Standard curriculum for Training Schools for Nurses in Ontario" which was adopted for the guidance of the Directors:

Classification of Hospitals

1. General hospitals.
2. Special hospitals, such as: Eye and Ear; Children's; Infants'; Lying-in: Tuberculosis: Orthopaedic; Skin and Cancer; Hospital for Contagious Diseases; Sanatoria or Hospitals for Nervous and Mental Diseases; Hospitals for Incurables.
3. Private hospitals.

The following recommendations are made:

1. That a probationary term of not less than three months be maintained.
2. That probationers be admitted in classes, at regular intervals.
3. That a preliminary course of study, of not less than three months' duration, be given to each class, such course to include practical demonstrations of general nursing methods.
4. That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
5. That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. All time lost by illness of pupils should be made up at the end of the course.
6. That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.
7. That a vacation of at least two weeks per year be allowed all pupils.
8. That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as Superintendent of Nurses.
9. That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years' minimum course, or arrange affiliation with other hospitals that will provide full equivalents.
10. That training schools should not be maintained in small hospitals without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be Superintendent of the hospital and Principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number should be considered the absolute minimum, irrespective of the size of the school.

The following requirements must be met before membership in the Graduate Nurses' Association of Ontario is granted:

1. The Superintendent of Nurses must be a graduate nurse of a hospital of good standing.
2. The staff must include a graduate day assistant and a graduate night supervisor.

Minimum Course of Instruction, Exclusive of Practical Nursing Demonstrations

Minimum time spent in practical work in different branches of training:

Medical nursing . .....3 months on public ward duty.
Surgical nursing.....3 months on public ward duty.
Nursing of children.....2 months.
Obstetrics .. ..2 months in practical nursing, including 10 cases.
Contagious diseases.....(optional) 2 months.
Operating room work....6 weeks.

Nursing Course in Theory Required During Course of Training

1. Theory of practical nursing—72 hours
2. Anatomy and Physiology—30 hours.
3. Materia Medica—24 hours.
4. Theory and practice of Dietetics—24 hours.
5. Medicine—10 hours.
6. Surgery, including Orthopedic—10 hours.
7. Gynaecology—4 hours.
8. Bacteriology and Urinalysis—10 hours.
9. Hygiene—10 hours.
10. Ethics—6 hours.
11. Bandaging—10 hours.
12. Obstetrics—10 hours.
13. Infectious Diseases—4 hours.
14. Nervous and Mental Diseases—2 hours.
15. Children's Diseases—6 hours.
16. Diseases of the Skin—2 hours.
17. Eye, Ear, Nose and Throat—6 hours.

General and Special Hospitals

Hospitals of this class which cannot give the minimum course previously outlined must arrange affiliation so as to complete the training of the pupil.

Private Hospitals

Hospitals of this class must arrange affiliation with a general hospital for three months' medical and three months' surgical nursing

in a public ward. In addition, if the hospital is unable to give the minimum course previously outlined, affiliation must be arranged to complete the training of the pupil.

TO NURSES, AT GRADUATION—MAKE NOT ONLY A LIVING, BUT A LIFE

The methods and principles of a certain great manufactory have been much heralded throughout our country. It is the purpose of the establishment to promote and advance the worthy and efficient workers as far as such knowledge of them comes to the heads of departments.

Contrary to the usual procedure, a worker must be worthy as well as efficient. A visitor, being much impressed, inquired concerning this, was told that the firm believe that their men should not only make a living, but should make for themselves a *life* and that it was useless to encourage those who could not do so.

No reason was given the visitor for this, but it is at once apparent that the value of a life and its results are summed up in character; and character is largely made by the manner of doing ordinary tasks in addition to the reason for doing them.

The life you have chosen is one of service and the truest nobility is honest, earnest service, and the ideal of service is faithfulness or work done according to a high standard set up by the worker himself.

You know we have often discussed the fact that not all are endowed with equal ability: but you have it within your power to see that no one excels you in faithfulness and industry, which, after all, are the most splendid gifts.

The hospital days are in the past and you have given your service to it with a degree of faithfulness known best to yourselves. You know, also, whence came your greatest happiness—whether from the perfected task or in that which, mayhap, you partially evaded.

Whether you so reason it, you have learned that to accept your work as part of your duty and to cultivate it as a habit, is to safeguard your lives from many a mistake and error.

Ability to continue to toil is now what you must cultivate and you must find your compensation in an increased ability.

The work which has no other than a money value cannot bring the satisfaction the worker craves. If you put love for others in it, you take grossness out of it.

If you put love and efficiency into it and if you carry it on with patience and energy you prove yourselves worthy of promotion, worthy the honor of receiving harder and larger tasks, and you do give adequate response to your high calling.—*The Modern Hospital.*

PRAYER FOR NURSES

Adapted from Bishop Walsham How.

Merciful Jesus, Who in the days of Thy flesh didst go about healing the sick, we humbly beseech Thee to strengthen and support us, and all other nurses, either at the front or at home, who are called to tend the suffering. Give us all grace to fulfil our task with patient endurance and with loving tenderness. Comfort both them and us in our weariness with the comfort of Thy Blessed Spirit. Help us to feel how good and blessed a thing it is to be permitted to minister to the wants of the sick and suffering. May each season of self-denying labor bring its own blessing to ourselves. May we, while humbly following Thy Divine Example, become daily more like unto Thee. So that, when we shall each in our own turn be called to suffer and die, we may be able with lowly submission and loving trust to commit ourselves into Thy Hands to do with us what Thou wilt. Hear us, O merciful Jesus, for Thy tender mercy's sake. Amen.

THE LORD'S PRAYER

For Every Day, and Every Need

Our Father, which art in Heaven, Who art wherever perfect happiness is;

Hallowed be Thy Name, and Nature, of wise, self-disciplined love, by me reverenced and imitated;

Thy kingdom come, in my own heart, through Thy holy Church, through civilization, and howsoever happiness may be advanced;

Thy will be done, in earth as it is in Heaven, patiently, bravely, and with loving self-sacrifice;

Give us this day our daily bread, all things needful, both for our souls and bodies, that we may both perceive and know what things we ought to do or ought to avoid, and also may have grace and power faithfully to fulfil the same, or avoid the same, as the case may be;

And forgive us our trespasses, as we forgive them that trespass against us, frankly, from the heart, desiring only to love and serve them;

And lead us not into temptation, either of the world around us, the flesh within us, or the devil about us; but if Thou dost allow us to be tempted or tested, **deliver us from** any of these forms of **evil,** and from the evil one who inspires them; we watching, praying, striving against them, and in the strength of Thy Divine Son, through the Holy Spirit, overcoming them;

For Thine is the kingdom, Thine alone is the **Power** through which it can be advanced, Thine is the Power which is advancing it in me daily, and everywhere, Thine is and always shall be the **Glory** of it, the gratitude, and the service.

For ever and ever. Amen.

A copy of these prayers was furnished to each nurse of Toronto University Base Hospital by Rev. T. T. Summerhays, Toronto.

Editorial

THE STANDARD CURRICULUM

The need of a standard curriculum for the Nurse Training Schools of Canada has long been felt by many of the organizations of nurses, and pleas have been voiced at different times for the society composed of the nurse teachers of Canada to undertake such a work.

The benefits of such a curriculum are apparent to those who are interested enough to give the subject careful thought. Some that might be noted are that every Principal of a Training School is furnished with a model by which to arrange her own; this standard curriculum will tend to stimulate good teaching in the training schools, so that the graduates of the different schools will be equally well informed and the different Associations would have a standard by which to measure applicants for membership. The uniformity in training resulting from the use of such a standard would do away with the present unsatisfactory state of affairs where each training school is a law unto itself as to the education its pupils shall receive.

As yet there seems to be no evidence that the nurse teachers have recognized this need and consequently nothing has been done to meet it.

We note that some of the Provincial Associations are not indifferent to the need of such a standard, by which to measure would-be members. Manitoba has her Act, which entitles her to arrange such a standard. But it is not always necessary to wait till the law says "You must." Work undertaken voluntarily to meet a recognized need is much more apt to be done with eagerness and zest and to be carried to a successful issue. But such work requires the cooperation of all concerned to ensure even a measure of success.

The nurses of Ontario will read with interest the curriculum which has been adopted by the Provincial Association. It is evident that the committee entrusted with the work of arranging this curriculum gave much painstaking work and careful thought to the task. Now, it is the earnest hope of the Association that the Principals of the Training Schools will give this curriculum careful thought and heartily cooperate in its operation. Let none think the ideal set by the Association impossible of attainment, but let all work together that the best possible in nursing education may be attained. The curriculum furnishes a standard by which to measure applicants for membership, and there isn't a Principal in the province who will admit that the standard is too high, but we are assured all will work together to make the Association embody in its membership every nurse in the Province.

THE FRENCH FLAG NURSING CORPS

A number of letters have been received in response to our appeal for volunteers for service in this Corps. These letters have been handed to the War Committee of the Graduate Nurses' Association of Ontario, whose duty it is to look into credentials and arrange all final details. As it is part of this committee's work to arrange for the transportation expenses of these volunteer workers, there may be nurses who are debarred from going who would be glad to send a substitute or help send a substitute. If so, the committee will be grateful if you will send your contributions to the Secretary-Treasurer, Miss A. Weyer, 51 Grosvenor Street, Toronto. If every nurse does her bit there will be no doubt about the work being accomplished in a manner creditable to the profession.

The War Committee of the Graduate Nurses' Association of Ontario secured three nurses for Dr. C. J. Copp, Assistant Commissioner St. John Ambulance Brigade, who had asked the committee to assist him in securing nurses for the Red Cross. The nurses who sailed on July 22, 1915, were Miss Sagor and Miss Eliza Reid.

The committee will be glad to receive further responses to the appeal for volunteers for the French Flag Nursing Corps. Marked copies of *The Canadian Nurse* containing this appeal were sent to all the nursing organizations of Ontario and to the Hospital Superintendent where there was no organization. The committee is indebted to the Business Manager for this kind assistance.

Address applications to Miss A. Weyer, Secretary of War Committee, 51 Grosvenor Street, Toronto.

Donations to assist the committee in its work will be very acceptable.

One donation of $3.00 has been received from Miss D. E. Ross, Toronto.

The committee hopes that the nurses will do all in their power to facilitate this very necessary work and to enable it to send nurses where they may do most good.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Helen N. W. Smith, Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the executive of the Graduate Nurses' Association of Ontario was held in the clubhouse, 295 Sherbourne Street, on Wednesday, August 18th, meeting one week earlier than usual, to prepare the program for the special meeting on September 10th.

The report from the Eligibility Committee was made, and a proposed Standard Curriculum and detailed schedule of Clinics and Demonstrations submitted, the curriculum to come up for discussion at the special meeting. At the present time a great many schools appear to be very irregular in their training of nurses, and some have no set curriculum at all, and it was thought that this might help to standardize nursing in the province.

SANDY AND THE PIPES

The troubles of a Matron of a small hospital are many and varied and not the least of these is due to the orderlies. In one of the little Victorian Order Hospitals the orderly was named Sandy. Sandy found life very monotonous and lonely, so in order to while away the time he sought solace in his bagpipes.

One evening the Matron was horrified at hearing a fearsome noise in the basement. At first she thought surely the water tank had burst, or the Germans were upon them; but soon she realized what it was, as the heartrending notes of "Home, Sweet Home" smote her ear, and as she went through the wards she found the women patients all greeting sair. So Sandy was taken to task and told he must not play in the building—it was too small. But when the Matron was away the men patients would coax, and Sandy would steal down to the basement and, marching up and down, in and out, around the washing machine, furnace, and so on, would play, and the Matron would return to find the women tearful. This was finally put a stop to. But one day—one of those very busy days in a little hospital—the Matron was called hurriedly to the 'phone, and an imploring voice besought her to send for her orderly, as he was disturbing the town with his deadly pipes. "Keep him there—forever," she called back, as she hung up the receiver.

Puir Sandy, however, had his innings. The Ladies' Aid were giving a garden party on the lawn, and they asked Sandy very graciously if he would play during the afternoon. And a proud man was Sandy that day, as, with kilts and cap ribbons flying, he strutted up and down playing his beloved pipes.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

INFANT FEEDING IN SUMMER DIARRHOEA

By H. B. Cushing, M.D.

The artificial feeding of an infant is apt to be a difficult problem under the best of circumstances, as we all know to our sorrow. With a normal healthy infant one has at least a good prospect of succeeding, but during the hot weather, and when the case is complicated with an entero-colitis, the difficulties are increased tenfold.

During the past few summers it has been my privilege (or misfortune) to be in charge each summer of the wards of two or more institutions receiving young infants under their care, and so I have had rather unusual opportunities of observing the end-results, so to speak, of the artificial feeding of infants. The usual sequence of events has been that the child was nursed for a few weeks or months, then started on a course of artificial feeding, usually passing through a whole series of modified milk mixtures, whey and cream, and proprietary foods, until hot weather and summer diarrhoea intervened, and then the victim was sent into an institution as a last resort. I cannot say that my results in the treatment of these cases have been so remarkably successful that I wish to lay claim to any original or infallible method of treatment, but since I have been asked to speak on the subject this evening, I will briefly outline the general principles which I have adopted.

The first question is, naturally, that of prophylaxis. I am sure it will not be out of place if I spend a few minutes in speaking of infant

*Read at a meeting of Montreal Medico-Chirurgical Society, 21st May, 1915, as part of a discussion on Infant Feeding.

feeding from this standpoint. Personally, I am profoundly convinced that the ordinary summer diarrhoea is an infectious disease with a seasonal prevalence. Whether due to a specific microbe or to a number of different microbes (as seems more probable) has not been determined yet, in spite of the enormous amount of work done along these lines, notably by the Rockefeller Institute.

In the institutions with which I have been connected it has been repeatedly my experience to observe that the cases in the wards would be getting along fairly well, even through spells of very hot weather, until, following the advent of some acute case of cholera infantum to the ward, there would be a sudden outbreak of cases of summer diarrhoea, with the usual mortality.

The conclusions I reached were:

1st.—That acute cases of summer diarrhoea should not be received into homes or hospital wards with other children of susceptible age.

2nd.—That since the infection is obviously through the digestive tract, sterilized or pasteurized food should be used during the very hot season in all densely-populated places. If the milk supply cannot be relied on, during this time it is better to use condensed milk or prepared foods, with all their disadvantages, than expose the children to the serious danger of infection from contaminated milk.

3rd.—When the weather is very hot it must be remembered that the infant is unable to assimilate the same quantity or concentration of nourishment as in the cold weather; in other words, that the maximum tolerance of the child for food is greatly diminished. Therefore the total amount of food should be diminished or the dilution increased to prevent gastro-intestinal disturbance that would predispose to infection.

The next question I have to consider is the diet during an acute attack of summer diarrhoea. This is one of the few points in infant feeding that everyone seems agreed on—the diet during the acute stage is one of starvation. The less we give the child to eat for a short period the better for the child. The best diet for the first day or two is plain boiled water. It is often difficult to carry this out in private practice and the usual method is to give some bland non-irritating fluid which serves the same purpose. Diluted barley-water, rice-water and oatmeal-water are familiar examples. In Vienna it was customary to use weak tea without sugar or milk in all these cases. Whey and albumen water, which are much used for the same purpose, have been objected to by some authorities from the theoretical standpoint that they are albuminous and so subject to decomposition and the development of toxines.

The question arises how long should this starvation diet be kept up. Cases differ, and the only rule I can give is that it is usually kept up

for too short a time to accomplish its aim, and that it is better to continue starvation for a little longer than is thought absolutely necessary.

The second important point during the acute stage is to endeavor to maintain or increase the amount of fluid in the body, to lessen intoxication and dehydration. The most satisfactory and efficacious avenue of absorption is the natural one through the stomach. However, if the child cannot or will not drink, the next best method is by the rectum. I have long considered that the important point in rectal lavage in summer diarrhoea is not the amount of material removed but the amount of fluid retained, and for this reason have come to use only weak saline or sodium bicarbonate solutions, abandoning all astringents and antiseptics. The fallacy of so-called high rectal enemata is generally admitted. Anyone who has watched the entrance of bismuth solution into the colon with the fluoroscope recognizes that any fluid introduced slowly within the internal sphincter ani reaches the ileo-caecal valve in a few moments if retained in sufficient amount. I have tried the drop method of rectal saline administration but never had much success in young infants. Rectal methods failing, the subcutaneous and intravenous methods have been recently advocated, with some success in desperate cases.

The question of feeding an infant during the later stages and convalescence from an attack of summer diarrhoea presents the greatest difficulties of all. It is here that we find the widest divergence of views among authorities. It appears to me that the most important point of all is to realize that the infant's ability to digest and assimilate food is seriously impaired and remains so for a considerable time. In other words that it is necessary to go slowly; that the error is most likely to be made on side of giving too much food, or too strong food and giving it too early. Especially is this the case where there are signs of definite organic change in the mucosa, catarrhal or ulcerative; in other words, where mucus and blood occur in the stools. In these cases it is important that the parents should be warned that it will be weeks before a return to the regular diet is possible or the child can be expected to gain weight as before the attack. Modern ideas of high caloric feeding in fevers do not seem applicable to babies, at least clinically.

As to the character of the food to be given, there appear to be as many views as there are writers. Each of the three main elements, fats, carbohydrates, and proteids has been blamed in turn for causing the difficulties, and we are cautioned by different schools to avoid each of the three. Individual cases undoubtedly differ, and the main point in my experience is to go slow, and increase gradually. The chief danger is trying to advance too rapidly and give more food than the child can properly assimilate.

HOSPITALS AND NURSES

Saskatchewan

Miss M. K. Gallaher, Superintendent of the General Hospital, Moose Jaw, has been accepted for overseas service. Miss Gallaher, who left Moose Jaw August 30 for Ottawa, was given a civic send-off by the mayor and other city commissioners. The Medical Association of Moose Jaw presented Miss Gallaher with a beautiful gold wrist-watch, while the Hospital Board gave her a magnificent Kodak camera, accompanied by a suitable address. Miss Gallaher was granted leave of absence, her position being filled by Miss Jean Wilson, who has been assistant to Miss Gallaher for the past five years.

The 1915 graduating class from Strathcona Hospital, Edmonton, are: Misses A. Cross, C. Oppertchsu, A. Jones, A. Rees, C. Frederickson, M. Steele, I. Maes, E. McIntyre, V. Strange, E. Smith, and E. Thompson.

The 1915 graduates from Misericordia Hospital, Edmonton, are: Misses Gertrude A. Lutz, Muriel M. Hill, Marion Beaston, A. A. Evans, and Hilda Burge.

Manitoba

Winnipeg: There was a large gathering of friends on the platform of the C.P.R. station at 10.30 a.m. on August 24th, when the special train arrived from the west, bringing the British Columbia Hospital Unit. The 75 nurses, seven of whom are graduates of the Winnipeg General Hospital, immediately became the centre of an informal reception.

The Superintendent, Miss Frederica Wilson, was for over nine years the Superintendent of the Winnipeg General Hospital Training School for Nurses. She had been in British Columbia resting for the past year.

The other Winnipeg General Hospital graduates going with this unit are:—Miss Jean Matheson, 1899; Miss Edith Lumsden, 1900; Miss Victoria Erant, 1905; Miss Mary Cobbe, 1906; Miss Ruby Stewart, 1911; and Miss Annie B. Hamilton, 1912.

This brings our representatives on active service at the front up to thirty-one.

Miss C. M. Hood, 1903, is stationed at the Duchess of Connaught's Red Cross Hospital, Clivedon.

Miss Ada J. Ross, 1905; Miss C. de N. Fraser, 1906; Miss Annie E. Johnson and Miss Mamie Burns, 1907, with Miss Aikman, 1912, are Red Cross Nurses stationed at Valetta, Malta.

Miss Annie M. Forrest, 1907; Miss Lola Bell, 1908; Miss Jessie

Smith, 1909; Miss Alfreda Attrill, 1909, are stationed at No. 2 Canadian Stationary Hospital, Le Touquet, France.

Miss Mary White, 1910; Miss Ella Parker, 1910; Miss Mae Best, 1910; Miss Margaret Howe, 1911; Miss Margaret McGill, 1913; and Miss Lilian Lynch, 1914, are together at No. 2 Canadian General Hospital, Le Treport, France.

Miss Sadie Ferguson, 1912, is at present on leave of absence near Belfast, Ireland.

Miss Edith M. Deason, 1913, is stationed at No. 1 Canadian Stationary Hospital, British Expeditionary Force.

Miss Grace Connor, 1914; Miss Annie F. Mitchell, 1914.

During the month of August, 246 tins of surgical supplies, sent to the Manitoba branch of the Red Cross Society from the various organizations throughout the province, were sterilized and sealed by the Winnipeg General Hospital.

The Nurses' Alumnae Association have been meeting each Friday afternoon during the summer to do their part in the making of surgical supplies to be forwarded through the Red Cross to hospitals at the front.

Ontario

The annual meeting of the G. & M. Hospital Alumnae Association, of St. Catharines, was held at the Nurses' Home, Queenston St., August 25, 1915, at 3 p.m. Among those present from outside points were: Miss McIntosh, of Buffalo, one of the oldest graduates of the school. Miss Lymburner, of Niagara-Falls; Miss Sweet, of Louisville; Miss Martin, and Mrs. Lindsay (nee M. F. Thomson). Misses Taylor and Swayze were accepted as new members of the association. Letters were read from Misses Blackhall & Shantz. Miss Shantz expressed her regret at being unable to attend. She was formerly our President, and the feeling that the association had lost a most earnest worker was generally expressed. She is at present at her home in Berlin, having been called from Regina by the illness of her mother. Miss McCormack was elected President: Miss Taylor, 1st Vice-President; Miss Knowles, 2nd Vice-President; Miss A. E. Moyer was re-appointed as Secretary-Treasurer, with Miss Swayze as assistant. The President, with Misses Calvert and Marriott, were appointed a committee to arrange a program for the coming year.

The graduates of Woodstock General Hospital have organized an Alumnae Association, with the following officers: Honorary President, Miss Frances Sharpe, Superintendent Woodstock Hospital; President, Mrs. V. L. Francis; Vice-President, Mrs. A. T. MacNeill; Recording Secretary, Miss Mary H. Mackay; Corresponding Secretary, Miss Kath-

leen Markey, Wellington St. N.; Treasurer, Miss Winnifred Huggins, Riddle St., N. The Canadian Nurse representative is Miss Sharpe.

The Association will meet monthly, on the second Monday, at 7.30 p.m.

The graduation exercises of the 1915 class of the Berlin and Waterloo Hospital were held in the assembly hall of the Collegiate on the evening of April 30, 1915, when the following nurses received diplomas and medals: Mrs. J. Turner, Miss M. Wunder and Miss McCorkindale. President J. B. Hughes presided. Miss Charlotte E. Aikens, of Detroit, addressed the graduating class, her subject being "The Human Side of Nursing." The Florence Nightingale Pledge was administered by Dr. J. F. Honsberger. A copy of the pledge was given to each member, the gift of the former Superintendent, Mrs. H. M. F. Bowman. President Hughes presented the diplomas and instrument cases. Mr. W. H. Schmalz, chairman of the house committee, presented the medals. Mr. Geo. Wegenost, on behalf of the Ladies' Auxiliary, presented books on nursing by Miss Aikens, and on behalf of the Young Women's Auxiliary of Waterloo presented boxes of rubber equipment. Mayor J. E. Hett made a brief address and presented to Miss Potter, who is en route to the Front, a ten-dollar gold piece, on behalf of the citizens. During the program excellent solos were rendered by Mrs. H. M. Hambrecht, of Berlin, and Messrs. J. Ellis and E. W. McKenzie and Rev. D. A. McKeracher, of Waterloo.

Peterboro: The Nicholls Hospital Alumnae Association has regretfully, yet proudly, parted with two more members to train for service at the Front. Miss Mowry, Superintendent Queen Mary Hospital, Peterboro, and always a most active and faithful member, and Miss Walsh, whose short membership has been most helpful.

Miss Walter has returned to England and is missed very much by her Peterboro friends. Miss Ethel Davidson entertained the nurses in honor of Miss Walter shortly before her departure.

Miss Davis, who was married to Rev. S. E. Annis, M.A., B.D., of Toronto, Sept. 1st, expects to take up missionary work in China after a year of preparatory training.

Letters received from the nurses at the Front, Mrs. Douglas, Miss Roberts and Miss Smith, tell of their transfer to the Dardanelles, and of most interesting experiences.

Miss Jean Taylor has been appointed Night Supervisor of the G. & M. Hospital, St. Catharines. Miss Taylor is a graduate of the Mack Training School, class '15. Miss Merle McCormack, class '14, formerly Night Supervisor, has been appointed Assistant Superintendent.

Collingwood: The nurses gave an afternoon tea for Miss Sutherland, who is spending a few days in Collingwood before taking up her duties as Superintendent of the Cottage Hospital, Pembroke.

Private Arthur Griesbach (Collingwood's first wounded soldier to return home from the battlefield) was entertained at the Nurses' Home Wednesday, August 25th. The young soldier speaks very highly of the nursing staff. He was in the hospital three months.

Miss Rainey and Miss Griesbach spent the week-end in Barrie.

The Public Health Nurses' Association of the Department of Health, Toronto, held a meeting at the Graduate Nurses' Club, September 9, 1915. In the absence of the President and Vice-President, Miss Dyke occupied the chair. The principal subject for discussion was the plans for the course of lectures to be given to the Association at its meetings this coming year. A programme committee was appointed, and many details were settled.

After the meeting, an informal reception was held in honor of Miss Dyke, who is leaving so soon to take a year's course of study in public health nursing at Simmon's College, Boston. Other guests joined the members, and a delightful time was spent in the pretty garden adjoining the clubhouse. It is interesting to note that the guest who formed the greatest centre of attraction was a six-months' old Miss Day, whose mother, when she was Miss Preese, was the first public health nurse in the Earlscourt district.

Quebec

Montreal General Hospital Alumnae Association: Miss Belknap, our Registrar, has been taking holidays.

Miss Elizabeth Anderson (M.G.H., '11), of Regina, Sask., is spending a few months in Montreal.

Miss Flora M. Dalglish (M.G.H., '14), who went to Salisbury Plains last winter to nurse sick soldiers, is now in charge of the operating room at No. 2 Canadian General Hospital, La Treport, France. We congratulate Miss Dalglish on her promotion.

Misses Z. E. and M. V. Young, of the hospital staff, are both away on holidays. The latter is recuperating from a recent illness.

Miss Watts, a late graduate, is in charge of the diet kitchen during the absence of Miss G. Livingstone, who is spending some time in the country.

The Misses Florence and Ellen Read, Miss Daisy Brittain and Mrs. Thos. Dennison (nee Peggy McLeod), all of class '12, spent a pleasant holiday at Shawbridge, Que. The two latter had just recovered from operations at the hospital.

Miss A. Jamieson (M.G.H., '11), spent the summer at Little Metis Beach, Que.

Miss Childs (M.G.H., '13), of Beeke, Que., spent a few weeks in the city recently.

For some time back nurses have been very scarce in the city and

it has been very hard to supply the demand. Many have gone to the Front and others taking holidays.

Miss F. Strumme, class instructor at the hospital, has been seriously ill with typhoid and pneumonia, but we are pleased to say she is now recovering.

The Alumnae Association of the R.V.H., Montreal, has been in touch with most of its members who are at the Front, many interesting letters having been received from them. The nurses with the McGill Hospital are happy to be all together once more, after working in various hospitals while their own was being got ready. The volunteer nurses who went to La Panne early in June have finished their promised three months, and, as the Belgians have now enough of their own nurses, are scattering, some coming home, but many, among them Miss Edith Stuart, whose letters have been most graphic and interesting, have volunteered for further work with the army, if possible at the Dardanelles, where they seem most needed.

Miss Colchester, another R.V.H. graduate, is working under the "French Flag Nursing Corps." She has had some thrilling experiences and narrow escapes, being twice in towns which have been bombarded, their hospital windows all smashed, a piece of redhot shell flying in at one, but fortunately no patients injured. We think with pride and thankfulness of these valiant women, who, without thought of themselves, are trying to lessen the awful suffering and misery of this terrible war. Every one of them speaks of the wonderful fortitude of the soldiers, and of their gratitude and appreciation of what is done for them.

Miss Wylie and Miss Squire (R.V.H., Montreal) are with The Army Medical Corps, and when last heard from were having a few days' holiday in Scotland after some hard work in France. Misses Clint and Ida Smith have gone with Col. McKee to the Dardanelles.

URINE ANALYSIS FOR NURSES

By Henry F. Keever, M.D.,
Assistant Visiting Physician, Newton Hospital, Newton Lower Falls, Mass.

The Urine in Disease

In conditions of disease the urine is one of the most important keys to diagnosis. Its examination is essential and often in cases where there seems to be not the slightest relation to the genito-urinary tract we may find the kidneys at fault. This is particularly true in all cases of coma, for there are two kinds of coma which are due directly to involvement of the kidneys, viz., diabetic coma and uremia. In diabetic coma the urine usually gives a strong positive sugar test, and always we find acetone and diacetic acid. In uremia the urine contains large

traces of albumin. These specimens often must be catheter specimens.

Amount in Disease.—Increased amounts of urine may be passed in the following cases:

1. Some forms of nephritis.
2. Diabetes, 400—10,000 c.c.—20 pints.
3. In some diseases of the nervous system, as hysteria and convulsions.
4. There is often a temporary polyuria due to mental excitement.
5. Some drinks, as beer, wine, tea and coffee, increase the quantity of urine more than the amount of water they represent.

Decreased amounts of urine may be passed in the following cases.

1. Fevers, when much water is lost through perspiration and through the lungs.
2. Acute nephritis.
3. Retention in the bladder, due to stricture, calculi or hypertrophied prostate.

Color in Disease.—Color varies according to the degree of concentration, ranging from straw yellow, reddish brown to brown black. Patients with jaundice have a dark urine, which, when tested with a few drops of tincture of iodine shows a characteristic greenish bile ring.

Blood in the urine, such as we usually find in acute nephritis, stains it brownish red.

Fever urines are usually dark, or high colored, as we call it, owing to concentration.

Drugs may color the urine. Santonin colors the urine yellow or greenish yellow, with a yellow foam. Carbolic acid and tar preparations cause a greenish or greenish-black color.

Urine that is turbid when passed is generally pathological. This is true in nephritis because of the formation of organic constituents, and in all diseases of the urinary passages, especially in severe cystitis. Blood and pus mixed make the urine turbid. The rarest kind of turbidity is that caused by fat in the urine, viz., chyluria.

Specific Gravity in Disease.—The specific gravity in disease varies from 1.000 to 1.060. It is always high in diabetes. A high specific gravity with a clear, abundant urine points to diabetes mellitus.

Reaction in Disease.—A neutral or alkaline urine is met with in sickness under the same conditions that make it neutral or alkaline in health.

1. Due to admixture of blood and pus.
2. Due to alkaline fermentation in the bladder, as in cystitis.

Odor.—In acetone we get a fruity odor, and in cystitis an odor of ammonia.

Glycosuria

The presence of glucose in urine is no more synonymous with

diabetes than the presence of albumin is with Bright's Disease; but diabetes is the condition which most commonly causes glycosuria. Diabetes is now assumed to be a disease of metabolism which prevents the conversion of the carbohydrates into their simpler elements. The anatomic site of the lesion is usually the pancreas. Several other causes may produce glycosuria.

1. Alimentary Glycosuria—due to an excess of carbohydrate in the food, notably excess of candy or sugar.

2. Medicinal Glycosuria—due to drugs, as chloroform, amyl nitrate, inhalation of illuminating gas.

3. Secondary Glycosuria—accompanies cirrhosis of the liver, head injuries, apoplexy, paresis. It may occur during pregnancy and in the course of acute infectious diseases.

Always suspect sugar in urine if the specific gravity is high, especially if it be normal in color and abundant.

Test for Sugar: Fehlings.—This is the copper test, most commonly used. It depends on the power of glucose to reduce copper oxide in an alkaline solution.

Equal parts of a solution of copper sulphate and alkaline solution of sodium potassium tartrate are mixed in a test tube. Take about 5 c.c. of each, heat to a boiling point, then add, drop by drop, some of the suspected specimen. The presence of sugar is characterized by a yellow or a brick-dust precipitation. The mixture should not be boiled after the addition of the urine, as this induces the reduction of copper by other substances than sugar.

Acetone and Diacetic Acid

These are two pathological products found in urine, due to an acid intoxication and the breaking up of acetic acid, in cases of:

1. Starvation.
2. Febrile acetonuria.
3. Diabetic acetonuria.
4. Certain forms of cancer.
5. Mental diseases.
6. Derangements of digestion.
7. Chloroform narcosis.
8. Auto-intoxication.

Indican is found in cases of proteid decomposition in the intestines.

Albumin—Albuminuria

The most common proteid in the urine in disease is serum albumin, although pathologic conditions of the kidneys, blood, etc., may give

rise to other forms of proteid. By albuminuria we usually mean the presence of serum albumin in the urine.

A healthy kidney may exerete a certain amount of albumin, but not every urine contains albumin. It is generally admitted, however, that serum albumin and serum globulin may occur in small quantities in the urine without any changes in the kidney.

Albuminuria may be due to one of three factors·

1. Changes in the kidney which affect the excretory epithelium.

2. Changes in the blood which render its serum albumin more diffusible.

Serum albumin in noticeable amounts is never found in healthy urine and its presence is always an important clinical symptom.

Tests

Heat Test.—This depends on the fact that heat coagulates albumin as it does white of egg. Heat a test tube two-thirds full of acid urine over a flame. If albumin is present a flocculent precipitate results. Next, add one-fifth volume of a saturated solution of sodium chloride and a few drops of 2 per cent. acetic acid, then heat. If the haze remains it is serum albumin, as nucleo-albumin and phosphates are soluble in the presence of sodium chloride.

Nitric Acid Test.—This is the best and simplest. Take two parts of urine and one part of nitric acid. Slowly underlay the urine with the nitric acid. If albumin is present it will appear as a white zone at the junction of the acid and the urine. The width of the zone determines the amount of albumin present.

Slightest possible trace (S. P. T.) just visible against black background.

Very slight trace (V. S. T.) can be seen with background, but not looking down on surface.

Slight trace (S. T.). A distinct zone of white which can be seen without a background and from above.

Trace (T). More distinct.

A brown ring often appears, due to the action of the nitric acid on the coloring pigments. A white zone is also formed by the action of nitric acid on the mixed urates, if these are in excess. This zone of acid urates is found over the zone of contact between the acid and the urine. It diffuses rapidly and can be dissipated on the cautious application of heat. Do not confuse this zone with albumin. It always lies above the junction of the urine and the nitric acid, and above the zone of coloring matter.—*The Modern Hospital.*

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Flies and Diarrheal Disease. Publication No. 91, New York Association for Improving the Condition of the Poor. The Bureau of Public Health and Hygiene, of the New York Association for Improving the Condition of the Poor has issued a special publication entitled, "Flies and Diarrheal Disease," descriptive of its three months' study in the homes of over a thousand infants in New York City on the relation of flies and diarrheal disease. Special attention has been given such influencing factors as dirt and artificial feeding, and their relative importance determined. A full description of the study, with its important conclusions, may be obtained by request from Philip S. Platt, Superintendent of the Bureau, 105 East 22nd St., New York, N.Y.

The Care of the Baby. A manual for mothers and nurses, containing practical directions for the management of infancy and childhood in health and in disease. By J. P. Crozer Griffith, M.D., Professor of Pediatrics in the University of Pennsylvania, Physician to the Children's Hospital; Consulting Physician to St. Christopher's Hospital for Children; Member of the American Pediatric Society and of the Association of American Physicians; Corresponding Member of the Societe de Pediatrie of Paris. Sixth edition, thoroughly revised. 12 mo. of 463 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $1.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

Mothers are here furnished with expert information as to the care of baby in health and in disease—how to keep him well, how to clothe, feed, and train him, and what to do in case of illness. The appendices give valuable information regarding feeding, and several formulae and recipes. Nurses should make the acquaintance of this book and bring it to the attention of prospective mothers.

Primary Studies for Nurses. A textbook for first year pupil nurses, containing courses of study in anatomy, physiology, hygiene, bacteriology, therapeutics and materia medica, dietetics, and invalid cooking. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburg, and of the Iowa Methodist Hospital, Des Moines; late Director of Sibley Memorial Hospital, Washington, D.C.; Member of the American Hospital Association; author of "Hospital Housekeeping," "Hospital Training School Methods and the Head Nurse," "Clinical Studies for Nurses"; editor of "Hospital Management." Third edition, thoroughly revised. 12 mo. of 471 pages, illustrated. W. B. Saunders Company, Philadelphia & London, 1915. Cloth, $1.75 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This practical textbook is already well known to nurse teachers. Some of the new features of this edition are "Notes on Surgical Dis-

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eases" and the table showing the "Physiologic Effect of Food and Alcohol." The section on dietetics is particularly good, and would be helpful to nurses who have not had the advantage of a good course in this branch.

Diet in Convalescence. By H. M. Edmonds, Sister, Guy's Hospital, London. The Scientific Press, Ltd., 28 and 29 Southampton St., Strand, London. W.C., England. Price one shilling net. This little booklet contains a number of recipes which should be helpful in feeding the convalescent.

Materia Medica and Therapeutics. A textbook for nurses. By Linette A. Parker, B.Sc. (Columbia Univ.), R.N., Bachelor's Diploma in Education, Teachers' College; Instructor in Nursing and Health, Teachers' College, Columbia University, New York. 12 mo, 311 pages. Illustrated with twenty-nine engravings and three plates. Cloth, $1.75 net. Lea and Febiger, Philadelphia and New York, 1915.

The author has carefully and with much discrimination weighed the knowledge of materia medica and therapeutics requisite to the highest efficiency in the nurse, and has planned her work to embody precisely this material. Her aim has been to give the nurse that grasp of the subject which will enable her to handle and administer drugs with intelligence. Essential facts only are presented. Recognizing the nurses' viewpoint, the author places emphasis not on the fact that a certain drug is prescribed in a certain condition, but on what action the drug ordered may be expected to have, what untoward effects may be looked for, and the emergency procedure pending the physician's arrival in case of an overdose.

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Regular Meeting, Second Thursday, 3.30 p.m.

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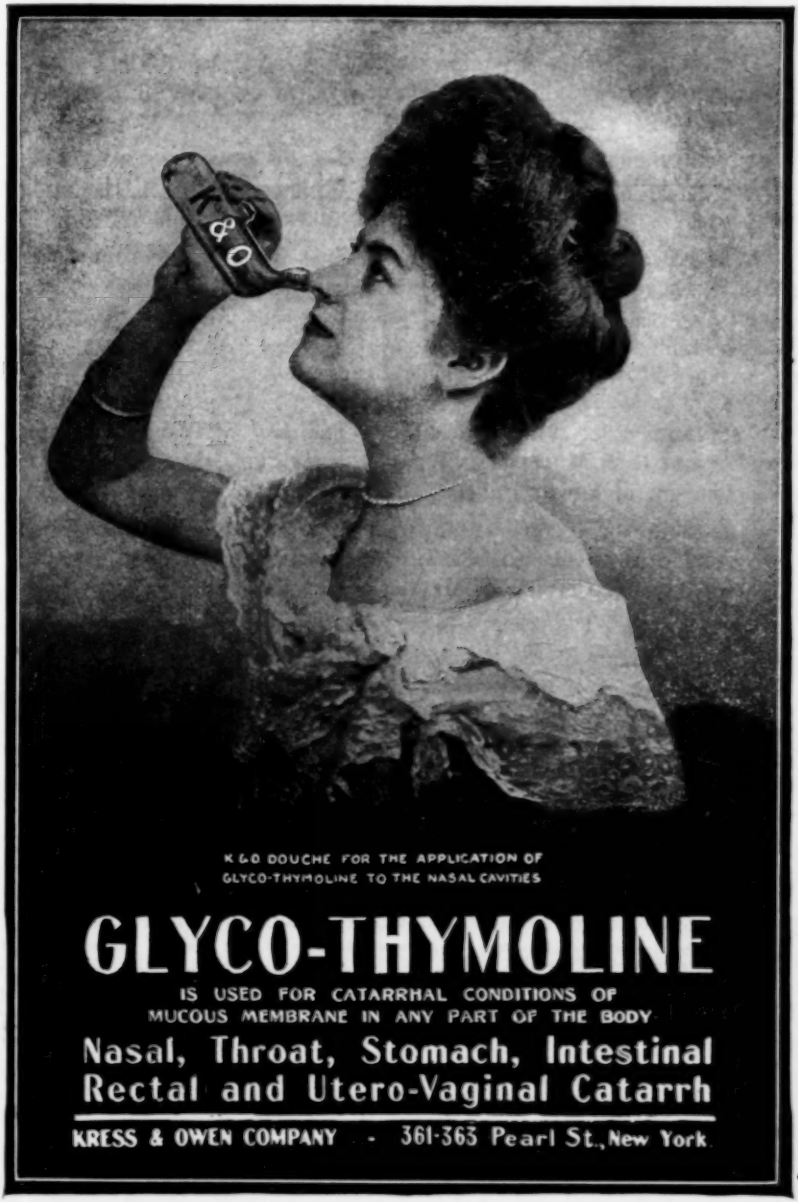
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BIRTHS

At Montreal Maternity Hospital, in July, to Dr. and Mrs. Sahler, a daughter. Mrs. Sahler (Muriel Smith) is a graduate of Montreal General Hospital, class '12.

On September 1, 1915, to Mr. and Mrs. Fred Watts, a son. Mrs. Watts (Jean Wood) is a graduate of Collingwood G. & M. Hospital, class '14.

At the Private Pavilion, Toronto General Hospital, on August 19, 1915, to Mr. and Mrs. Stanley Adams, a daughter. Mrs. Adams (Ethel Freeland) is a Graduate of the Hospital for Sick Children, Toronto. Class '11.

MARRIAGES

On August 18, 1915, Miss Mary F. Thomson, of Blanshard, Ont., graduate of G. & M. Hospital, St. Catharines, Ont., class '13, to Rev. Jos. Lindsay, of Vevay, Indiana, U. S. A.

At Whitehorse, Y.T., on September 1, 1915, Miss Clara Evans, Superintendent of General Hospital, Whitehorse, Graduate of Toronto General Hospital, Class '01, to Mr. George Leslie Webster.

At St. Anne's Church, Toronto, on August 11, 1915, Miss Viola Wallace, Graduate of the Hospital for Sick Children, Toronto, to Mr. Joseph L. Garvin, of Barrie, Ont., School Inspector of Simcoe County.

At Mombasa, British East Africa, on July 26, 1915, Miss Louie Bryce, Graduate of the Hospital for Sick Children, Toronto, Class '12, to Dr. Alex. McRae, Edinburgh, Scotland.

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